

guidelines for prevention and treatment has gained attention in many developed countries. The objective of our study was to investigate to what extent clinical practice guidelines consider cost-effectiveness and budget impact according to the *most recent* economic evidence. **METHODS:** We carried out systematic literature reviews of economic evaluations on the five most important medications by means of expenditures in the The Netherlands in 2007 (cholesterol-lowering drugs, antihypertensives, proton pump inhibitors, long-acting bronchodilators/ inhaled corticosteroids and antidepressants). Consequently, we compared the economic evidence to the recommendations of the relevant clinical practice guidelines. **RESULTS:** Eleven clinical practice guidelines were determined to be relevant for the medications under consideration. Although the recommendations of each of these guidelines are largely in agreement with the *most recent* economic evidence, 9/11 guidelines hardly considered the cost-effectiveness of medications. The guidelines 'Cardiovascular Risk Management' (2006) and 'Anxiety Disorders' (2003) systematically regarded cost-effectiveness, but their recommendations are not based on the *most recent* economic evidence. Only the guideline 'Cardiovascular Risk Management' (2006) considered budget impact to take accessibility and affordability constraints into account when considering cost-effectiveness. **CONCLUSIONS:** Limited or no attention to economic evidence does not necessarily lead to 'wrong' recommendations. However, the consideration of cost-effectiveness and budget impact in clinical practice guideline development is needed to increase clinician compliance, which in turn could ensure accessibility, affordability and quality of care in national health care systems. Furthermore, their consideration could harmonise national guidelines with reimbursement decisions. Engaging an economic expert in the guideline development process could contribute to the integration of the *most recent* economic evidence in clinical practice guidelines.

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ANALYSIS OF ANTICOAGULATION BRIDGING THERAPY IN ORTHOPEDIC PATIENTS: REAL WORLD ANALYSIS

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OBJECTIVES: We assessed the real-world anticoagulation thromboprophylaxis patterns in patients undergoing major orthopedic surgery. **METHODS:** A retrospective study (January 1, 2005–December 31, 2007) was conducted using a large hospital database linked with outpatient claims. Patients' demographics, and clinical and provider characteristics were compared using Chi-square testing and standardized differences. Risk-adjusted event rates were estimated using the Poisson regression model. **RESULTS:** The linked database is comprised of 2280 enrollees, of whom 1769 met the eligibility criteria. A total of 1552 patients received anticoagulant venous thromboembolism (VTE) prophylaxis; 264 of these patients received a combination of low molecular-weight heparin and warfarin. Of these patients, 105 (40%) were switched between the two monotherapies, whereas 159 (60%) received bridge (overlapping) prophylaxis. VTE and major bleeding events were significantly lower for bridged patients. However, duration of bridging varied widely. **CONCLUSIONS:** Although there is a benefit with longer duration of therapy, duration of anticoagulation bridging therapy varies widely and does not appear to be consistent with published guidelines.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

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EMERGENCY NURSES AND PHYSICAL EXAMINATIONS—WHOSE DUTY?

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OBJECTIVES: In the Hungarian emergency departments (EDs) it became necessary to hire nurses with wider competencies but there is no a nationally unified policy and training for them. Our aim was to determine the knowledge about the physical examinations of nurses working at EDs with the different scope of practices (triage nurses, departmental heads of nurses, general nurses). **METHODS:** Twenty-three Hungarian emergency departments was examined, a questionnaire was completed by the departments' nurses (n = 301) and physicians (n = 159). SPSS 16.0 software was used for statistical analysis, chi-square test was used to determine correlations. **RESULTS:** A total of 71.5% of nurses have learned in some way the physical examinations which did not present significant difference between the groups determined by nurses' scope of practice (p = 0.228). Triage nurses and the departmental heads of nurses examine significantly more times for example the cardiovascular system (P < 0.001) and touch the stomach (p = 0.032) than departments' general nurses. Emergency physicians would make the nurses done more diagnostic duties than they presently do in everyday practice for example examining the cardiovascular system (P < 0.001) and the chest (p = 0.001). **CONCLUSIONS:** Even majority of emergency nurses have learned in some way the physical examinations, they admitted a low rate of usage in the everyday practice. In contrary, physicians would place the physical examinations among the tasks of nurses possessing adequate qualification, thus extension of the competencies of nurses is necessary.

PERCEPTION OF PHARMACISTS SALES REPRESENTATIVES BY PHYSICIANS

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OBJECTIVES: Pharmacists as sales representatives influence on prescribing physicians. This research is focused on their characteristics valued by physicians to improve their communication and the effectiveness of cooperation. **METHODS:** The sample includes 203 physicians from Central Serbia: 78 general practitioners, 125 specialists, 72 males and 131 females. It was used the scale of attitudes on pharmacists sale representatives regarding the provision of drug information. The instrument includes 20 items and the five-point Likert type scale. **RESULTS:** The results show correlations between the following variables: the impression of responsible pharmacist when visiting physicians is in a positive correlation with proper terminology used by pharmacist (r = 0.650, p < 0.01), the argued presentation of preparations (r = 0.652, p < 0.01), the systematic exposure of drug materials (r = 0.626, p < 0.01), concise information (r = 0.583, p < 0.01), and visual eye contact during presentation (r = 0.648, p < 0.01); the impression of incompetence was positively correlated to fearful pharmacist performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = -0.523, p < 0.01). **CONCLUSIONS:** The results show a correlation between pharmacists' characteristics as sales representatives observed by physicians. Pharmacists as sales representatives proved competence and responsibility only in assertive communication, as well as in concise and argued presentation with a live visual eye contact as essential for nonverbal communication.

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ROLE OF QUALITY IMPROVEMENT FOR MANAGEMENT OF SURGICAL BLEED COMPLICATIONS (SBCs)

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OBJECTIVES: Many different methods exist for managing surgical bleeding complications (SBCs) and reducing transfusions during procedures. The techniques utilized are dependent on institutional policies, resulting in highly variable clinical and economic outcomes between different institutions. Our objective was to review the current literature on the quality and costs of SBC interventions to prevent and manage transfusions during surgeries and provide recommendations on future directions for quality improvement of SBCs. **METHODS:** A comprehensive review was conducted using Ovid, Pubmed and Scopus databases with the following keywords: quality improvement (QI), blood loss, transfusion, hemostasis and costs. Inclusion criteria included English language, publication between 1999 and 2010, and studies where the key words were the primary endpoints. A total of 1331 abstracts were reviewed. **RESULTS:** A variety of blood loss prevention techniques were identified including autologous transfusion, pharmacological and non-pharmacological interventions. Studies suggest that bleed prevention (BP) algorithms incorporating a combination of interventions in the pre, peri and post-operative periods have the greatest potential to minimize transfusions. Most studies assessing the economic impact of BP interventions did not include the cost of staff time, other resources beyond blood acquisition cost and longer term complications. The exclusion of these components may underestimate the actual costs of transfusions and may have implications in assessing true cost-effectiveness of BP interventions. Consensus exists that transfusions can and should be prevented during surgery, yet there's a lack of agreement on the optimal use of interventions for blood loss management. **CONCLUSIONS:** Wide agreement on the necessity of avoiding transfusion exists, yet proven methods for minimizing SBCs are underused. Multifaceted algorithms for minimizing SBCs show promising results where they have been used. Future QI projects should focus on reducing variation in practices through the development of evidence based standards and guidelines for the effective use of BP interventions.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

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DESCRIPTION AND EVALUATION OF THE KNOWLEDGE OF THE BRASILIA POPULATION FOR THE POLITICS OF ECONOMIC MEDICINE REGULATION IN BRAZIL

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OBJECTIVES: The primary objective was to evaluate the knowledge of the drugstore consumers from the Pilot Plan Plano Piloto and workers of ANVISA, for the regulation of prices of medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two samples and a preliminary comparative analysis between the two samples. **METHODS:** The study developed is a cross descriptive and analytical study. Based in the application of different questionnaires for to assess the knowledge about regulation of prices of medicines and consumption habits of consumers interviewed in the door of the drugstore and workers of ANVISA. The research was conducted by sampling